



STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Medical Assistance Administration, P.O. Box 45500, Olympia, Washington 98504-5500

June 1, 2005

Dear Nutrition Stakeholder:

We are only 30 days away from implementing a preauthorization system for enteral nutrition supplies, and I want to ask again for your assistance in managing this transition as smoothly as possible. We are urging providers to submit their prescriptions as quickly as possible so we can review the orders and certify them as medically necessary.

This will help avoid confusion and unnecessary delay. It is our stated policy that all eligible medical assistance clients with a medical need for these supplies will receive them without interruption.

With July 1 rapidly approaching, it is important for providers to submit their nutrition prescriptions or renewals to us in advance of the start date. By getting your orders early, we will be able to resolve any questions that arise and avoid unnecessary delay.

In April, I promised stakeholders that I would keep them briefed on our progress. Here is a brief review of what has happened so far:

Where are we in the number of requests?

In April, the Medical Assistance Administration (MAA) sent 4,200 first class letters to Washington, Idaho and Oregon providers identified as enteral nutritional prescribers, informing them of the new program requirements and inviting them to send in advance requests for authorization. At the end of last week (May 27, 2005), MAA had reviewed a total of 322 requests. Approximately 51% have been approved, and 49% were sent back for additional information. MAA is maintaining a turnaround cycle of seven days or less.

Why are the numbers low?

It is likely that clients with EPA diagnosis (renal failure on dialysis, errors of metabolism, cancers on chemo) will only be submitted after July 1 and be auto-approved for 6 months.

Why were so many requests returned?

The most frequent reason was failure to document why traditional foods would not meet the client's nutritional needs. The policy change at MAA was aimed at making sure that these supplies were being assigned on a basis of medical necessity. In the past, these needs have not had to be as carefully documented as MAA now expects.

What has been done to date to improve communication?

MAA has issued management bulletins to Washington State providers and to home and residential facilities. The Aging and Disability Services Administration (ADSA) has issued guidance to community case management staff and to licensed community-based residential facilities, adult family homes and boarding home providers. ADSA has directed case management staff and residential providers to review clients' assessment and service plans for those clients who have received the enteral nutrition products. This review will help identify any needed changes in client or caregiver service planning or delivery needs.

What can the case managers do to assist the clients?

For those clients who are identified as having received oral nutritional products from MAA, and who may not continue to be eligible, the case managers may:

- ☐ assist the client and in-home caregivers as needed with the MAA authorization process
- ☐ coordinate or consult with the client's physician/ARNP or PAC to provide additional information if needed
- ☐ communicate with residential or in-home providers to determine client needs
- ☐ review the negotiated service agreements with residential care providers
- ☐ refer clients to alternative nutritional resources and community dietetic services
- ☐ consult with nursing service resources

What can stakeholders do in the next 30 days?

To ensure continuation of nutritional care and client delivery of nutritional care, stakeholders need to make sure their requests are submitted to MAA before July 1, 2005. MAA will have a dietician to assist in medical necessity decisions and improve training of clients/providers on alternatives to enteral nutrition (e.g., traditional or blended foods). Complete information on the enteral nutrition worksheet will help ensure that MAA staff can review all requests for authorization in an expedited manner. In the meantime, MAA will stay in touch with stakeholders and providers and will keep them informed of any developments.

What if stakeholders and providers have other questions?

Please call the following staff for additional information:

- ☐ For MAA, please call either Olin Cantrell at 360-725-1676 or Bev Atteridge at 360-725-1575
- ☐ For ADSA, please call Candace (Candy) Goehring at 360-725-2562

Sincerely,

Jeffery Thompson, M.D., M.P.H.
Director of Medical Management/Chief Medical Officer
Medical Assistance Administration, DSHS